Sexual Assault Advocacy

Sexual Assault Counseling Center Bozeman, MT 406.587.7511

Sexual Assault Counseling Center (SACC)

History

- Model program created in 1996
- Implemented the first trauma informed and sexual assault trauma specific services for victims of sexual assault in Montana
- Being the only designated sexual assault center in the State of Montana allowed SACC to lead in the research and implementation of multiple innovations.

SACC Innovations

- "Counselor/Advocate" position. Provides more continuity for clients and less potential for retraumatization by multiple retelling of the story.
- Long and short term, sexual assault specific trauma recovery counseling and interventions. Trauma informed interventions are now the gold standard.

Additionally, SACC personnel provided the hub and the organization for the effective use of multidisciplinary teams resulting in improved criminal justice responses and collaborations as well as the creation of a Child Advocacy Center.

Law and Justice Interim Commit

Law and Justice Interim Committee September 28-30, 2015 EXHIBIT 14

What Do Advocates Do?

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- Two Types of Advocates
 - Criminal Justice System advocates (aka Victim Witness Specialists)
 - Community Based Advocates in Designated Sexual Assault Centers.

- Strengths
 - · ready access to case information
 - their co-worker relationships with other criminal justice personnel
 - in-depth knowledge of the criminal justice system.
- Responsibilities generally include:
 - orienting victims to the criminal court process;
 - informing victims of their rights, court dates, case status, and disposition;
 - making community referrals;
 - assisting victims with filing victim compensation applications;
 - * accompanying victims to court proceedings; and
 - providing assistance with preparation of victim impact statements.

Community Based Advocates - SACC

- Community Based Advocacy (SACC) provides:
 - Information and community referrals;
 - Advocacy on behalf of victims with various systems
 - (e.g., criminal and civil justice systems, healthcare, social services, child protection, employers, and schools),

- Accompaniment
- (e.g., to investigative interviews, court, and other justice proceedings, hospital, medical)
- Coordination and collaboration with system personnel;
- Support groups and education programs;
- Ongoing contact and assistance as needed to promote recovery:
- Long and Short Term Trauma Recovery Counseling for both survivors and families to promote improved mental health

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Community Based Advocates & Community Response -SACC

 Provide mechanisms for improved community response or assist with a particular institution's response to victims of sexual assault,

- Coordinate or participate in Multidisciplinary Response Teams
- Coordinate the activities of the Child Advocacy Center
- · Collaborate on providing specialized professional training
- Prevention education and outreach targeted at specific groups;
- Partner with local organizations and the University
 - First Community/University shared staffing positions

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- Victim-witness specialists
 - usually obligated to provide information about victims to criminal justice personnel that may facilitate the investigation and prosecution of their cases.
- Community-based advocates
 - Have confidentiality policies that prohibit advocates from disclosing information about victims to a third party without their consent (a protection that is based on state statute).
 - Can provide access to all services regardless of whether assault has been report to the justice system.

DISUNCTIONS and Services

- Services in Community Based Organizations are often 24/7/365. At SACC services include but are not limited to:
 - 24-hour crisis intervention, support, and safety planning, and accompaniment through emergency medical and legal processes,
 - Crisis lines, personal, financial and employment advocacies and short and long term Trauma Recovery Counseling for both survivor and concerned others
- SACC responds to all disciplines and agencies including schools, mental health, places of employment, social service agencies, medical facilities, criminal justice including law enforcement, pre-release, detention and our county jail.

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HE NEEDS OF SEXUAL ASSAUR

Survivors

- In our world, criminal justice response is, on occasion, just another tool - not an end point.
- Our victims of sexual assault have multiple needs and often have multiple victimizations
 - · Basic needs such as food, housing, employment
 - Mental health, trauma and addiction.
- Our services must be built to be appropriate to both the culture and the development of client

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Trauma ...



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- Is sudden, unexpected, and perceived as dangerous or life threatening
- Overwhelms individual's ability to manage daily business as usual

Trauma-informed Care

 An understanding of what trauma is and how it effects people's outlook and behavior.

- A manner of interacting with clients with the assumption that they have experienced trauma.
 - Being trauma informed ensures that all communication is less likely to trigger a negative response in clients while at the same time conveying safety, care and respect.
- Must be Systems wide. From patrol to advocates to detectives to medical to prosecution.

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But Why Trauma-Informed?

- Misunderstood or ignored signs of trauma may:
 - Interfere with victim's ability to seek help
 - Limit their engagement into services
 - · Lead to early drop out from those services
 - Inadvertently re-traumatize people we are trying to help

- Lead to failure to make appropriate referrals
- Misidentify motives and behaviors resulting in missed or less effective prosecutions

(Patrice 2011

Tonic Immobility (TI)

- AKA: "Rape-induced paralysis"
- Autonomic (uncontrollable) mammalian response in extremely fearful situations
- Increased breathing, eye closure, paralysis
- 12-50% rape victims experience TI during assault
- TI is more common in victims who have been assaulted before (childhood, adolescence, or adult)

SOURCE: Fuse at al., 2007; Gallano et al., 1993; Heidt et al., 20

Neurobiology of trauma

• The processes of memory are corrupted by trauma

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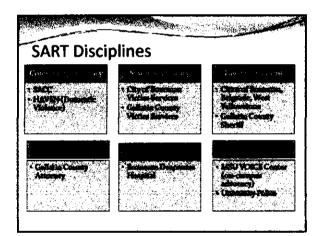
- •recall is impaired; the past may become entwined with the present.
- If you don't know something about trauma, behavior is misinterpreted
- There are concrete neurological reasons for victims behavior that, if understood, would remove barriers to prosecution

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So how do we do this?

We work with each other.

We collaborate, we train together, we require multidisciplinary involvement.



Thoughts for the future.....

- Coordinate national and state definitions to assure that all response services are trauma informed.
- Encourage collaboration through working multidisciplinary teams. Collaboration, as seen in the studies of Child Advocacy Centers, saves money. Collaborative investigations cost 30% less than traditional investigations.
- Increased definition in statute for victims rights attorneys for victims to ensure their ability to participate in their cases and be afforded full benefits promised under the Crime Victim Rights Act.
 Increased enforcement and strengthening in statute of victim rights in MCA
- In addition to the above, one of the most concerning up and coming "crimes" that, if we don't stop it, will create a whole new category of translatised victims is the non-consensual dissermination of private intimate images.

Non-consensual dissemination of intimate images

- The dissemination of intimate images is just the latest challenge our children face.
 - According to the Montana Youth Risk Behavior Survey for 2015.
- Among dating students, 10.0 percent had been forced by someone they were dating or going out with to do sexual things that they did not want to one or more times during the past 12 months. 5.6% of males students and 14.4% of female students.

MT Youth

- 8.7 percent of Montana students had ever been physically forced to have sexual intercourse when they did not want to. (5% of male students 12.7% of female students)
- 18.5 percent of Montana students had been electronically bullied during the past 12 months. 10.9% of male students and 26.6% of female students
- During the past 12 months, 18.8 percent of students seriously considered attempting suicide. 12.7% of male students and 25.5% of female students.
- During the past 12 months, 8.9 percent of students actually attempted suicide one or more times. 6.3% of males and 11.5% of females.

Thank you for all your hard work and efforts!

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